



HDS Applicant Parent Questionnaire

Child's name _____

Date of birth _____ Age _____

Parents' names _____

Previous schools attended (including preschool):

1. What are some of your child's greatest strengths?

2. What is challenging for your child?

6. Has your child had any health-related issues that may affect learning?

7. Has your child ever been on prescription medication for longer than 30 days? If so, please list the medication and reasons for use.

8. Are there any emotional, behavioral, or social issues the teacher should be aware of in order to facilitate a smooth transition to the classroom? Please include any serious stressors or stressful events (loss of a loved one, moving to a new home, extended separation from parent, hospitalization, etc.) which might contribute to feelings of anxiety or worry.

9. Has your child ever had any of the following interventions?

- Development assessment for (check all that apply)**
 - Speech and/or Language Processing**
 - Visual Motor Skills**
 - Behavior/Emotional Development**
 - Academic or Academic-Readiness skills**
 - Attention/Focus**

- Counseling for Behavior/Emotional Issues**

- Speech/Language therapy**

- Physical/Occupational Therapy**

10. Is there anything else you think we should know about your child?

Parent Signature

Date